

SERIAL NUMBER 09/121,587	FILING DATE 07/23/98	CLASS 424	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 06132/033003
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APPLICANT

THOMAS J. CHAMBERS, ST. LOUIS, MO; THOMAS P. MONATH, HARVARD, MA;  
FARSHAD GUIRAKHOO, MELROSE, MA.

  
  

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***  
VERIFIED      THIS APPLN IS A CIP OF      PCT/US98/03894    03/02/98  
                         WHICH IS A CIP OF      09/007,664    01/15/98  
  KZ                      WHICH IS A CIP OF      08/807,445    02/28/97

  

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***  
VERIFIED  
  KZ  

  
  
  

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***  
VERIFIED  
  KZ  

  
  
  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/19/98 \*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>  KZ  </u> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Initials</span> <span>Initials</span> </div>	STATE OR COUNTRY MO	SHEETS DRAWING 19	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
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ADDRESS

PAUL T CLARK  
CLARK & ELBING  
176 FEDERAL STREET  
BOSTON MA 02110

  

TITLE

CHIMERIC FLAVIVIRUS VACCINES

  

FILING FEE RECEIVED  \$1,135	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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